**FILED** FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 May 11 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # P95000009120 (3) CARE HEALTH. INC. Principal Place of Business Mailing Address 1523 NW 10TH AVENUE 1523 NW 10TH AVENUE FT LAUDERDALE FL 33311 FT LAUDERDALE FL 33311 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/31/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0550277 21 26 Not Applicable Suite, Apt. #, etc. Suite. Apt. #. etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible ☐ Yes 24 Personal Property Tax due June 30. 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name MARRERO, OLGA L 1523 NW 10TH AVENUE Street Address (P.O. Box Number is Not Acceptable) FT LAUDERDALE FL 33311 83 84 City 85 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am terminar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

SIGNATURE

SIGNATURE I name of registered agent and title if applicable (NOTE: Registered Agent And Section 1) SIGNATURE DATE. 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition 1 1 TITLE TITLE MARRERO, OLGA L 1.2 NAME NAME 1523 NW 10TH AVENUE STREET ADDRESS 1.3 STREET ADDRESS FT LAUDERDALE FL 33311 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Addition TITLE 2.1 TITLE MARRERO, LINO R 2.2 NAME NAME 1354 NW 125TH TERR 2.3 STREET ADDRESS STREET ADDRESS SUNRISE FL 33323 CITY-ST-ZIP 2 4 CITY - ST- 7IP Change DELETE Addition 3.1 TITLE TITLE RODRIGUEZ, LEONARD A NAME 3.2 NAME 1523 NW 10TH AVENUE STREET ADDRESS **3.3 STREET ADDRESS** FT LAUDERDALE FL 33311 CITY-ST-ZIP 3 4. CITY - ST - ZIP DELETE Addition Change TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE \_\_ Addition 5.1 TITLE TITE F 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 61 TITLE ☐ Change Addition TITLE

SIGNATURE: SIGNATURE: Manager of the state o

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

6.2 NAME

6.3 STREET ADDRESS

NAME

STREET ADDRESS

CITY-ST-ZIP